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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000068180 (6)
1. Corporation Name
PARKHILL ENTERPRISES INC.

Principal Place of Business: **2434 SCOTT ST. HOLLYWOOD FL 33020**
Mailing Address: **2434 SCOTT ST. HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/14/1994** 3a. Date of Last Report

4. FEI Number: **65-0530903** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

City & State: **23** City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**PAKER, LINDA
2434 SCOTT ST.
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): _____

83 _____

84 City: _____ **FL** 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the filer acceptable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1. TITLE	PRES, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	LINDA PARKER
STREET ADDRESS		13. STREET ADDRESS	2434 SCOTT ST
CITY, ST, ZIP		14. CITY, ST, ZIP	HOLLYWOOD, FL 33020
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Linda Parker* - **LINDA PARKER** 4-19-95 305 925-5229

(Signature and typed or printed name of signing officer or director) (Date) (Telephone Number)